DEPARTMENT of HEALTH and HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2012 Online Performance Appendix

Introduction

The FY 2012 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2012 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information (SPFI). These documents are available at http://www.hhs.gov/budget/.

The FY 2012 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2010 Annual Performance Report and FY 2012 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS SPFI summarizes key past and planned performance and financial information.

From the Administration on Aging

This submits the FY 2012 Online Performance Appendix (OPA) for the Administration on Aging. The OPA conforms with requirements of the Government Performance and Results Act of 1993, and provides additional detail for performance discussions presented in the accompanying FY 2012 budget request. The Administration on Aging (AoA) FY 2012 Online Performance Appendix demonstrates AoA's commitment to providing high-quality, efficient services to the most vulnerable elders. Through effective program management, rigorous program evaluations and strategic investment of grant funds, AoA is systematically advancing its mission of developing a comprehensive, coordinated and cost-effective system of home and community-based services that helps older adults maintain their independence and dignity. AoA's three performance measures: 1) improve program efficiency, 2) improve client outcomes and 3) target services to vulnerable populations support AoA's key strategic goals to:

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

- Empower older people to stay active and healthy.

- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

To the best of my knowledge, the performance data reported by the Administration on Aging in this FY 2012 Online Performance Appendix are accurate, complete and reliable.

Kathy Greenlee
Assistant Secretary for Aging

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2012 ANNUAL PERFORMANCE REPORT

Introduction ..... **i**

Overview of Performance **1**

Performance Measurement Detail **8**

Narrative by Activity **8**

I . Health and Independence 8
Home and Community-Based Supportive Services 14
Nutrition Services 17
Preventive Health Services 21
Chronic Disease Self-Management Programs 22
Community Service Employment for Older Americans 23
Native American Nutrition and Supportive Services 24
Aging Network Support Activities 26
II. Caregiver Services 27
Family Caregiver Support Services 27
Native American Caregiver Support Services 31
Alzheimer's Disease Supportive Services Program 34
Lifespan Respite Care 35
III. Protection of Vulnerable Adults 36
Adult Protective Services State Demonstrations 36
Long-Term Care Ombudsman Program 37
Prevention of Elder Abuse and Neglect 41
Elder Rights Support Activities 42
Senior Medicare Patrol Program 43
IV. Consumer Information, Access & Outreach 45
Aging and Disability Resource Centers 45
State Health Insurance Assistance Program 46

Community Living Assistance Services and Supports **47**

Program Innovations **48**

Agency Support for HHS Strategic Plan **49**

Summary of Full Cost **54**

Summary of Findings and Recommendations from Completed Program Evaluations **56**

Data Source and Validation Table **58**

National Survey Data **65**

Discontinued Performance Measures Table **66**

List of Tables

Table 1. Health and Independence 8
Table 2. Home and Community-Based Supportive Services 14
Table 3. Nutrition Services 17
Table 4. Preventive Health Services 21
Table 5. Native American Nutrition and Supportive Services 24
Table 6. Family Caregiver Support Services 27
Table 7. Native American Caregiver Support Services 31
Table 8. Alzheimer's Disease Supportive Services Program 34
Table 9. Lifespan Respite Care 35
Table 10. Long-Term Care Ombudsman Program 37
Table 11. Prevention of Elder Abuse and Neglect 41
Table 12. Senior Medicare Patrol 43
Table 13. Aging and Disability Resource Centers 45
Table 14. Community Living Assistance Services and Supports 47
Table 15. Link to HHS Strategic Plan 50
Table 16. Summary of Full Cost 54
Table 17. Data Source and Validation Table 58
Table 18. Discontinued Measures 66

Overview of Performance

AoA program activities have a fundamental common purpose which reflects the legislative intent of the Older Americans Act (OAA) and the AoA Mission: to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities. To reflect this unified purpose, AoA has aggregated all budget line items into a single Government Performance and Results Act (GPRA) program, AoA's Aging Services Program, for purposes of performance measurement.

The Aging Services Program's fundamental purpose, in combination with the legislative intent that the National Aging Services Network actively participate in supporting community-based services with particular attention to serving economically and socially vulnerable elders, led AoA to focus on three measures: 1) improving efficiency; 2) improving client outcomes; and 3) effectively targeting services to vulnerable elder populations. Each measure is representative of several activities across the Aging Services Program budget and progress toward achievement of the measure is tracked using a number of indicators. The efficiency measure and corresponding indicators are reflective of the Office of Management of Budget (OMB) requirements to measure efficiency for all program activities. The client outcome measure includes indicators focusing on consumer assessment of service quality and outcome indicators focusing on nursing home predictors, successful caregiver program operation and protection of the vulnerable elderly. The targeting measure and indicators focus on ensuring that States and communities serve the most vulnerable elders. Taken together, the three measures and their corresponding performance indicators are designed to reflect AoA's strategic goals and objectives and in turn measure success in accomplishing AoA's mission.

In addition to the basic performance measurement requirements of GPRA, which are discussed in detail below, and in recognition of this Administration's enhanced emphasis on transparency and accountability, AoA has taken several steps to improve the analysis and availability of performance information while also enhancing the rigor of program evaluations that are currently in development. To this end, AoA has:

- Expanded the availability of performance information via an on-line system that enables Aging Network professionals and the public to develop benchmarks and examine trends nationally and at the State level.

- Submitted public use data sets to the http://www.data.gov/ system.

- Further analyzed the results from the 2008 and 2009 National surveys to help inform decision makers. Results show:
    - AoA is effectively reaching those most at risk of institutionalization.
    - Service recipients report Title III services enable them to remain in their own homes.
    - Comparison of service recipients to the elderly US population 60 and older shows that Title III serves older people who are less healthy and have more limitations

than other older adults even after adjusting for demographic and socioeconomic differences between the groups.

- Tested through the Performance Outcomes Measurement Project (POMP) several methods for measuring the impact of services. Preliminary analysis for administrative data sets from four States, using Cox proportional hazards models, show a consistent lowering of the relative risk of nursing home placement with an increase in number of services utilized; and there was an increase in mean survival time in the community (i.e. months before placement) with increases in the total number of services used.

- Employed more rigorous program evaluation methods such as longitudinal data collection and experimental design.
    - The Title III-C Elderly Nutrition Services program evaluation employs a complex design that includes three major components and several subcomponents. The major components include a process study that surveys each level of the Aging Network on a large array of topics; a costs study that measures the actual cost of providing a meal by cost category (e.g. labor, food, overhead); and an individual outcome study. The individual outcome study will measure the program's success at meeting the legislative intent of the program (reduce hunger and social isolation while improving health and well-being of consumers). In addition, AoA and CMS have recently entered into an Inter-Agency Agreement that will enhance this evaluation to include prospective analysis of healthcare utilization and cost data of program participants compared to a matched group of seniors who do not participate in the program.
    - The evaluation of the Title III-E National Family Caregiver Support program will be the first for this OAA program. It is designed as a longitudinal study with a comparison group so that the effects of the five service categories can be measured over time.
    - AoA is working with AHRQ and research contractors to finalize a design for an evaluation of the Chronic Disease Self-Management program utilizing an experimental design and finalizing the design for an evaluation of Aging and Disability Resource Centers.

Current Performance Information

An analysis of AoA's performance trends shows that through FY 2009 most indicators have steadily improved. It also points to some key observations about the potential of AoA and the National Aging Services Network in meeting the challenges posed by the growth of the vulnerable older adult population, the changing care preferences of aging baby boomers, the fiscal difficulties faced by State budgets, and the expanding needs of both the elderly and their caregivers. Below are some examples of these observations:

- **OAA programs help older Americans who are severely disabled remain independent and in the community**: Homebound older adults that have three or more impairments in Activities of Daily Living are at a high risk for nursing home placement. Measures of the Aging Network's success at serving this vulnerable population is a proxy for success at

nursing home delay and diversion. In FY 2003, the Aging Network served home-delivered meals to 280,454 clients with three or more ADL impairments and by FY 2009 that number grew by 22% to 342,084 clients. Another approach to measuring AoA's success is the newly developed nursing home predictor score. The components of this composite score are predictive of nursing home placement based on scientific literature and AoA's POMP which develops and tests performance measures. The components include such items as the percent of clients that are transportation disadvantaged and the percent of congregate meal clients that live alone. As the score increases, the prevalence of nursing home predictors in the OAA service population increases. In 2003, the nursing home predictor score was 46.57 and has increased to 61.0 in FY 2009.

- **OAA programs are efficient:** The National Aging Services Network is providing high quality services to the neediest elders and doing so in a very prudent and cost-effective manner; as an example, AoA has significantly increased the number of clients served per million dollars of AoA Title III funding. Without controlling for inflation, OAA programs have increased efficiency by nearly 40% between FY 2002 and FY 2009, serving 8,544 clients per million dollars of AoA funding in FY 2009 compared to 6,103 clients served per million dollars of AoA funding in FY 2002. This increase in efficiency is understated since the purchasing power of a million dollars in 2009 is significantly less than in 2002 due to inflation.

- **OAA programs build system capacity:** OAA programs stay true to their original intent to "encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems." (OAA Section 301). This is evident in the leveraging of OAA funds with State/local or other funds (almost $3 in other funds for every dollar of OAA funds expended), as well as in the expansion of projects such as the Aging and Disability Resource Center initiative, which grew from 24 States to 45 States with 205 sites participating in this key program in FY 2009.

OAA clients report that services contribute in an essential way to maintaining their independence and they express a high level of satisfaction with these services. In 2009, over 96% of transportation clients rated services good to excellent and 95% of caregivers rated services good to excellent. To help ensure the continuation of these trends in core programs, AoA makes extensive use of its discretionary funding to test innovative service delivery models for State and local program entities to attain measurable improvements in program activities. For example, AoA has worked with the Centers for Medicare & Medicaid Services and the Department of Veterans Affairs to better integrate funding for long-term care service delivery, eliminate duplication and improve access to services through Aging and Disability Resource Centers.

Performance for FY 2012

Federal support for Older Americans Act programs is not expected to cover the cost of serving every senior. For programs with the same funding levels in FY 2012 as FY 2010, performance would be expected to be similar or reduced because of inflationary factors. Funding level increases are requested for the Home and Community-Based Supportive Services Program, the

Family Caregiver Support Program and the Long Term Care Ombudsman Program and these programs are projecting modest increases in program performance. OAA programs have strong partnerships with State and local governments, philanthropic organizations, and private donations that contribute funds in greater proportions than OAA programs. Despite States only having to match these programs at 15% or 25% of their Federal allocation, States have normally leveraged resources of $2 or $3 per every Older Americans Act dollar. Regardless of the historic nature of State and local support for these programs, AoA expects a decline in performance for nutrition in FY 2012 compared to FY 2010. Substantial declines are projected to be largely attributable to declining leveraged funds, as State, local, and private budgets face economic hardships, along with inflation factors as previously noted.

Performance Detail

Taken as a whole, AoA's performance measures and indicators form an interconnected system of performance measurement akin to the three legs of a stool (efficiency, outcomes and targeting) holding up AoA's mission and strategic goals that include:

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
2. Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare;
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation; and
5. Maintain effective and responsive management.

Below is a summary of each measure, its indicators and their relationship to AoA's strategic goals.

Measure 1: Improve Efficiency

Program efficiency is a necessary and important measure of the performance of AoA programs for two principal reasons. First, it is important to be a responsible steward of Federal funds. Second, the OAA intended Federal funds to act as catalyst in generating capacity for these program activities at the State and local levels. It is the expectation of the OAA that States and communities increasingly improve their capacity to serve elderly individuals efficiently and effectively with both Federal and State funds.

Improvements in program efficiency support all of AoA's Strategic Goals. Through optimal utilization of resources, improvements in program efficiency ensure that affordable and accessible community-based long-term care is available to promote the well-being of seniors and their family caregivers.

For FY 2012, there are four efficiency indicators for AoA program activities. Indicator 1.1 addresses performance efficiency at all levels of the National Aging Services Network in the provision of home and community-based services, including caregiver services. Indicator 1.3 demonstrates the efficiency of AoA in providing services to Native Americans. Indicator 1.5 assesses the efficiency of the Senior Medicare Patrol program and Indicator ALZ.1 assesses more efficient program operation in the Alzheimer's Disease Supportive Services Program (ADSSP).

A summary of program efficiency indicators for FY 2012 follows:

> **Indicator 1.1:** For Home and Community-based Services, including Nutrition Services, and Caregiver services, increase the number of clients served per million dollars of OAA funding.
>
> **Indicator 1.3**: Increase the number of units of service provided to Native Americans per thousand dollars of OAA funding.
>
> **Indicator 1.5:** SMP projects will increase the total dollar amount referred for further action.
>
> **Indicator ALZ.1:** Increase the percent of ADSSP grant funds dedicated to evidence-based programs.

Measure 2: Improve Client Outcomes

While improving efficiency, AoA is committed to maintaining quality and improving client outcomes. The FY 2012 performance budget includes eight core performance indicators supporting AoA's commitment to improving client outcomes. AoA has multiple quality assessment indicators in this plan reflecting separate assessments provided by elders for services such as meals, transportation and caregiver assistance. Also, in developing the outcome indicators, AoA included measures to assess AoA's fundamental outcomes: to keep elders at home and in the community, and to measure results important to family caregivers. The measures for the Ombudsman program focus on the core purposes of this program: advocacy on behalf of older adults.

Although this measure supports all of AoA's Strategic Goals, it is most strongly tied to Goal 2 to enable seniors to remain in their own homes with a high quality of life for as long as possible, Goal 3 to empower older adults to stay active and healthy, and Goal 4 to ensure the rights of older people and prevent their abuse, neglect and exploitation.

A summary of the client outcome indicators for FY 2012 follows:

> **Indicator 2.6:** Reduce the percent of caregivers who report difficulty in getting services.
>
> **Indicator 2.9a:** 90% of home delivered meal clients rate services good to excellent.

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.9c: 90% of National Family Caregiver Support Program clients rate services good to excellent.

Indicator 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement.

Indicator 2.11: Increase the percentage of transportation clients who live alone.

Indicator 2.12: Decrease the number of complaints per long-term care facility.

Indicator 2.13: Decrease the percentage of complaints for abuse, neglect and exploitation in nursing homes.

Measure 3: Effectively Target Services to Vulnerable Elderly

AoA believes that targeting is of equal importance to efficiency and outcomes because it ensures that AoA and the National Aging Services Network will focus their services on the neediest, especially when resources are scarce. Without targeting, efforts to improve efficiency and outcomes could result in unintended consequences whereby entities might attempt to focus their efforts toward individuals who are not the most vulnerable. Such an outcome would be inconsistent with the intent of the OAA, which specifically requires the network to target services to the most vulnerable elders. It would also be inconsistent with the mission of AoA, which is to help vulnerable elders maintain their independence in the community. To help seniors remain independent, AoA and the National Aging Services Network must focus their efforts on those who are at the greatest risk of institutionalization: older persons who are disabled, poor, and residing in rural areas.

Effective targeting of OAA services supports AoA's Strategic Goal 1 by ensuring access to long-term care options for the economically and socially vulnerable; Goal 2 by enabling the most vulnerable seniors to remain in their own homes with a high quality of life; Goal 3 by empowering those likely to experience health disparities to stay active and healthy through OAA services; and Goal 4 by ensuring the rights of vulnerable elders. Thus, AoA's four indicators for effective targeting are crucial for ensuring that services are targeted to the most vulnerable client groups.

Indicator 3.1: Increase the number of caregivers served.

Indicator 3.2: Increase the number of older persons with severe disabilities who receive home-delivered meals.

Indicator 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

Indicator 3.4: Increase the number of States that serve more elderly living below the poverty level than the prior year.

AoA has invested significant resources and continues to work with national partners including Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and National Institute on Aging in the adoption of evidence-based programs at the community level which is reflected in our positive performance results.

Aging Services Program – Performance Summary

AoA has used a streamlined approach to performance measurement since FY 2005, by design. Most of the current performance indicators are cross-cutting and the established performance targets are usually dependent on multiple budget line items. The following table summarizes AoA's performance measures and results from FY 2007 to FY 2012.

Summary of Performance Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	16	16	100%	13	81%
2008	14	14	100%	9	64%
2009	15	15	100%	11	73%
2010	15	NA	NA	NA	NA
2011	16	NA	NA	NA	NA
2012	16	NA	NA	NA	NA

Performance Measurement Detail

A detailed discussion of the Administration on Aging's performance follows. Each budget activity will have a separate performance section, however, there will be some redundancy since most of the performance measures apply to or are impacted by multiple budget line items.

Narrative by Activity

I . Health and Independence

Table 1. Health and Independence

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of OAA funding. (Outcome)

FY	Target	Result
2012	8,650	Sep 30, 2013
2011	8,350	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	8,544 (Target Exceeded)
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)

Measure 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement. (Outcome)

FY	Target	Result
2012	61	May 31, 2014
2011	61	May 31, 2013
2010	61	May 31, 2012
2009	56	61 (Target Exceeded)
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)

Measure 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas. (Outcome)

FY	Target	Result
2012	Census + 10%	Sep 30, 2013
2011	30.5%	Sep 30, 2012
2010	30.5%	Sep 30, 2011
2009	30.5%	35.7% (Target Exceeded)
2008	30.5%	35.1% (Target Exceeded)
2007	30.5%	34.8% (Target Exceeded)

Measure 3.4: Increase the number of States that serve more elderly living below the poverty level than the prior year. (Outcome)

FY	Target	Result
2012	28	Sep 30, 2013
2011	28	Sep 30, 2012
2010	30	Sep 30, 2011
2009	28	32 (Target Exceeded)
2008	24	29 (Target Exceeded)
2007	20	24 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for the Health and Independence cluster are focused on 1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.

Performance Measure 1: Improve Program Efficiency

Indicator 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of OAA funding.

Performance Results (Efficiency)

For the past six years, AoA has achieved its efficiency performance targets. In FY 2009, the Aging Services Network served 8,544 clients per million dollars of OAA funding.

Performance has trended upward (with the exception of a decline between 2007 and 2008) and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved. This reflects the success of ongoing initiatives to improve program management and expand options for home and community-based care. Medicare Part D, Aging and Disability Resource Centers (ADRCs), and increased commitments and partnerships at the State and local levels have all had a positive impact on program efficiency.

Performance Targets (Efficiency)

The target for FY 2012 is 8,650, slightly higher than the 2009 actual. The 2012 funding increases for Caregiver Support and Home and Community-Based Supportive Services will partially offset the stresses on the Aging Services network caused by State and local economic conditions. These stresses include layoffs and furloughs which reduce productivity and affect remaining staff, some of whom are less well equipped than their predecessors to achieve the prior results.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2012 performance budget for Health and Independence includes two indicators supporting AoA's goal of improving client outcomes and two indicators to monitor the continued high level of consumer-reported service quality. To AoA, these are the core performance outcome indicators for our programs. There is one overarching client outcome indicator that will be included in this section; the others will be included in the sections on Supportive Services and Nutrition Services. The client outcome indicator for FY 2012 follows:

> **Indicator 2.10**: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement: Composite index of nursing home predictors will increase.
>
> An increase in the nursing home predictor index means an increase in the frequency of nursing home predictors in the client population which is a strong proxy for nursing home diversion.

The purpose of this measure is to demonstrate the success of Health and Independence related services, Caregiver Services and program innovations in developing tools that enable the Aging Services Network to delay or defer nursing home placement.

The components of the composite index of nursing home predictors are as follows:

1. Increase the percentage of caregivers reporting that services help them provide care longer.
   Rationale: This variable from AoA's Annual National Surveys of OAA Service Recipients was validated as a nursing home predictor for the Family Caregiver Support Program by the Performance Outcome Measurement Project (POMP) grantees.

2. Increase the percentage of transportation clients who are transportation disadvantaged. (Defined as unable to drive or use public transportation).
   Rationale: Data from the Third National Survey of OAA Service Recipients show that older persons receiving transportation services who are "transportation disadvantaged" are more disabled and vulnerable and less likely to receive the information and assistance that they need. Specifically, they are more likely to exhibit Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) limitations; more likely to have stayed overnight in a hospital in the past year, more likely to have stayed overnight in a nursing home or rehabilitation facility and more likely to be socially isolated (all key predictors of nursing home placement; see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert). They are also less likely to know how to contact their case manager and less likely to understand an explanation of their services. This subpopulation is more vulnerable to a loss of independence and less aware of service options.

3. Increase percentage of congregate meal recipients who live alone.
   Rationale: Living alone is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert) and congregate meal recipients who live alone exhibit numerous other characteristics that can make them more vulnerable to loss of independence. For example, data from the Second National Survey of OAA Service Recipients show that they are more nutritionally vulnerable. They are less likely to eat three meals a day; they are in poorer health; they are less likely to socialize; they are more likely to be low income; and they are more likely be 85 or older. Furthermore, they are more likely to utilize beneficial health promotion/disease activities offered at the meal site such as fitness activities and health screenings.

4. Increase the percentage of home delivered meal recipients with 3+ IADL limitations.
   Rationale: Multiple IADL limitations is a predictor of nursing home placement. See *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert and the Urban Institute's 2003 study entitled *"Estimates of the Risk of Long Term Care - Assisted Living and Nursing Home Facilities"* available at

http://aspe.hhs.gov/daltcp/reports/2003/riskest.htm and data from the Third National Survey of OAA Service Recipients show that home-delivered meal recipients with three or more IADL limitations exhibit numerous other characteristics that make them vulnerable to loss of independence. For example, they are more likely to have ADL limitations; they are more like to exhibit numerous health conditions; they are more likely to be homebound; and they are more likely to suffer from food insecurity. Further, improved nutrition can help manage many of the diseases that they suffer from (e.g. heart disease, diabetes, and osteoporosis).

AoA calculated the composite score using OAA Title III expenditures as reported in the State Program Report to weight the four components.

Performance Results (Outcomes)

This performance measure was first used in FY 2008 with the resulting score of 60.6 exceeding the target of 54.5. In 2009 the results showed continuous improvement with a resulting score of 61.0.

AoA believes that this composite index of nursing home predictors will continue to trend upward over the long-term at a more modest rate. The trend clearly has been showing a steady increase in the nursing home predictor index which is a strong proxy for nursing home diversion.

Performance Targets (Outcomes)

The performance target for FY 2012 is 61, the same as the FY 2009 actual. As indicated above, performance for this indicator has been steadily improving. However, AoA has observed declines in service levels due to States' and other non-Federal resources' fiscal challenges stemming from the economic downturn. For the short-term, we project performance will be relatively static, with long-term improvement anticipated.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are three indicators for effective targeting of Health and Independence related services. Two indicators with broad applicability are included in this section and the other is included in the sections on Nutrition Services. The two FY 2012 indicators for Health and Independence follow:

Indicator 3.3: The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

Indicator 3.4: Increase the number of States that serve more elderly living below the poverty level.

Performance Results (Targeting)

AoA achieved the performance targets for the two general targeting indicators for FY 2009 as follows:

> **Indicator 3.3:** The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas.

The FY 2009 target is calculated to be 30.5%. For FY 2009, 35.7% of OAA clients live in rural areas exceeding the performance target. Data reporting for this variable has fluctuated somewhat but targets have consistently been met or exceeded since at least 2005.

> **Indicator 3.4:** Increase the number of States that serve more elderly living below the poverty level.

The FY 2009 performance target was 28 States. Data for FY 2009 indicate that 32 States have increased the Title III clients in poverty, exceeding the FY 2009 performance target. Over the past five years there has been some annual fluctuation with performance. Performance targets have been met or exceeded since FY 2005.

Performance Targets (Targeting)

The performance target for Indicator 3.3 will remain at census +10% (30.5%) for FY 2011 and FY 2012. The performance targeting level is considered appropriate in that it places emphasis on providing services to rural elders, as required by the OAA, while acknowledging the needs of non-rural vulnerable older Americans.

The performance targets for Indicator 3.4 are 28 States in FY 2011 and 28 States in FY 2012, lower than the FY 2009 actual. With the fiscal pressures being experienced by States, the targets may be overly optimistic. These targeted performance levels reflect the commitment of the aging network to provide services to low income elderly, a group that is especially vulnerable and tends to have more health problems and nutritional needs.

Home and Community-Based Supportive Services

Table 2. Home and Community-Based Supportive Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of OAA funding. (Outcome)

FY	Target	Result
2012	8,650	Sep 30, 2013
2011	8,350	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	8,544 (Target Exceeded)
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)

Measure 2.9b: 90% of transportation clients rate services good to excellent. (Outcome)

FY	Target	Result
2012	90%	May 31, 2014
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	96.6% (Target Exceeded)
2008	90%	96.7% (Target Exceeded)
2007	New in FY 2008	96.1% (Target Not In Place)

Measure 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement. (Outcome)

FY	Target	Result
2012	61	May 31, 2013
2011	61	May 31, 2013
2010	61	May 31, 2012
2009	56	61 (Target Exceeded)
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)

Measure 2.11: Increase the percentage of transportation clients who live alone. (Outcome)

FY	Target	Result
2012	72%	May 31, 2014
2011	72%	May 31, 2013
2010	70%	May 31, 2012
2009	70%	72.4%* (Target Exceeded)
2008	New in FY 2009	67.3% (Target Not In Place)
2007		66% (Target Not In Place)

* Based on upper range of confidence interval.

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for the Home and Community-Based Supportive Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Home and Community-Based Supportive Services. A detailed discussion of this indicator's performance can be found on pages 9-10.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2012 performance plan includes three outcome indicators for Home and Community-Based Supportive Services.

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Indicator 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement.

Indicator 2.11: Increase the percentages of transportation clients who live alone.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under that section on pages 10-12. Indicators 2.9b and 2.11 are discussed below.

Performance Results (Outcomes)

Performance data show that the FY 2009 performance target was achieved for the following indicators:

Indicator 2.9b: 90% of transportation clients rate services good to excellent.

Trend data indicates that performance has been consistently very high for this measure, ranging from 96% to 98% over the past four years. The performance of the Aging Services Network, in maintaining such high consumer-reported service quality, is particularly impressive when viewed in the context of annually improving program efficiency.

Indicator 2.11: Increase the percentage of transportation clients who live alone.

FY 2009 performance is 72.4%, exceeding the target. Living alone is a predictor of nursing home placement (see *Predicting Elderly People's Risk for Nursing Home Placement, Hospitalization, Functional Impairment and Mortality* by Edward Alan Miller and William G. Weissert). For FY 2008, 25.8% of the non-institutionalized U.S. population aged 60+ lived alone. The percentage of transportation service recipients living alone, who are among the most vulnerable to loss of independence, is nearly 3 times as great as the percentage in the general population.

Performance Targets (Outcomes)

For Indicator 2.9b, performance targets will remain at 90% for FY 2011 and FY 2012. Ninety percent is roughly the threshold for detecting statistically significant differences in this consumer-reported service quality indicator.

For Indicator 2.11, the performance targets will remain at 72% for FY 2011 and FY 2012.

As noted above, living alone is a key predictor of nursing home placement. AoA has examined the results for this indicator, looking at trends for the past 3 years. The performance has remained fairly constant. Since the results are already very impressive, we believe the amount of money expended for transportation is not sufficient to produce significant increases to the number of people who live alone and receive transportation.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicators 3.3 and 3.4 include persons receiving Home and Community-Based Supportive Services. A detailed discussion of these indicators' performance can be found under the Health and Independence section on pages 12-13.

Nutrition Services

Table 3. Nutrition Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of OAA funding. (Outcome)

FY	Target	Result
2012	8,650	Sep 30, 2013
2011	8,350	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	8,544 (Target Exceeded)
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)

Measure 2.9a: 90% of home delivered meal clients rate services good to excellent. (Outcome)

FY	Target	Result
2012	90%	May 31, 2014
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	91.1%* (Target Met)
2008	90%	91.03%* (Target Met)
2007	New in FY 2008	90.4% (Target Not In Place)

* Based on the upper range of the survey confidence interval

Measure 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement. (Outcome)

FY	Target	Result
2012	61	May 31, 2014
2011	61	May 31, 2013
2010	61	May 31, 2012
2009	56	61 (Target Exceeded)
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)

Measure 3.2: Increase the number of older persons with severe disabilities who receive home-delivered meals. (Outcome)

FY	Target	Result
2012	271,000	Dec 31, 2013
2011	297,000	Dec 31, 2012
2010	325,000	Dec 31, 2011
2009	378,613	342,084 (Target Not Met)
2008	364,590	349,934 (Target Not Met)
2007	350,568	359,143 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for Nutrition Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving Nutrition Services. A detailed discussion of this indicator's performance can be found on pages 9-10.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

For FY 2011, there are two outcome indicators which directly relate to Nutrition Services:

> **Indicator 2.9a:** 90% of home-delivered meal clients rate services good to excellent.
>
> **Indicator 2.10:** Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under that section on pages 10-12.

Performance Results (Outcomes)

FY 2009 performance data show that the FY 2009 performance target was achieved for the following indicator:

> **Indicator 2.9a:** 90% of home-delivered meal clients rate services good to excellent.

Between 2003 through 2008, 90% - 94% of home delivered meal participants indicated high satisfaction with the meals. A target of 90% was established for subsequent years, as a threshold for indicating client reported high quality. The FY 2009 performance is 91.1%, based on the upper range of the confidence level. The currently ongoing program evaluation for the nutrition programs will provide additional information on service quality.

Performance Targets (Outcomes)

Performance targets for this indicator will remain at 90% for FY 2011 and FY 2012. Ninety percent is roughly the threshold for detecting statistically significant differences in this consumer-reported service quality indicator.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There are three targeting indicators that relate directly to Nutrition Services as follows:

> **Indicator 3.2:** Increase the number of severely disabled clients receiving selected home and community-based services (home-delivered meals).

Also, Indicators 3.3 and 3.4 include persons receiving Nutrition Services. A detailed discussion of the performance for Indicators 3.3 and 3.4 can be found under the Health and Independence section on pages 12-13. A discussion of performance for Indicator 3.2 follows.

Performance Results (Targeting)

FY 2009 performance data show that the FY 2009 performance target was not achieved for the following indicator:

> **Indicator 3.2:** Increase the number of severely disabled clients (defined as persons with three or more Activities of Daily Living (ADL) limitations) who receive selected (home-delivered meals) home and community-based services.

The FY 2009 target was 378,613, a 35% increase over the FY 2003 baseline of 280,454. Actual performance for FY 2009 was 342,084. This performance indicator is a proxy for nursing home diversion since people with 3+ADL limitations are generally nursing home eligible. While this indicator did not achieve its FY 2009 performance target, this indicator is still performing at a level 22% higher than the 2003 baseline. The FY 2009 target turned out to be unrealistically high given the state of the economy which was not forecast at the time the target was set.

Performance Targets (Targeting)

The FY 2012 target is 271,000. Fiscal and staffing constraints at the State and local level are expected to adversely impact performance through FY 2012. These fiscal constraints will be further amplified when Recovery Act funds are totally expended by the end of FY 2010.

Preventive Health Services

Table 4. Preventive Health Services

Output AB: The number of people served with health and disease prevention programs. (Developmental)

FY	Target	Result
2012	New in FY 2013	Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

AoA will monitor the performance of the Preventive Health programs utilizing annual state reports. Since AoA is promoting evidence-based programs, and States will have a variety of choices of health promotion and disease prevention systems this measure will illustrate the number of seniors impacted by services.

Performance Measure Output AB: Number of People Provided Preventive Health Services

> **Indicator Output AB:** The number of people served with health and disease prevention programs.

Performance Results

This is a developmental indicator and results are expected to be available in late 2012. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

Chronic Disease Self-Management Programs

In FY 2009, 8,426 individuals with chronic conditions completed the CDSMP program. That number is projected to increase to 20,000 by FY 2012. Outcome measures and targets are under development.

Community Service Employment for Older Americans

The outcome indicators below were developed and the data collected by the Department of Labor (DoL). Under the proposal to transfer SCSEP, AoA will work with all relevant parties to develop and refine performance measures, and collect performance data.

Measure	Most Recent Result	PY 2010 Projection
Average earnings in the second and third quarters after exit (Outcome)	PY 2008: $6,795	$6,590
Percent of participants employed in the first quarter after exit (Outcome)	PY 2008: 48.1%	46.5%
Percent of participants employed in the first quarter after exit still employed in the second and third quarters after exit (Outcome)	PY 2008: 71.1%	69.9%

Native American Nutrition and Supportive Services

Table 5. Native American Nutrition and Supportive Services

Measure 1.3: For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of OAA funding. (Outcome)

FY	Target	Result
2012	300	Dec 31, 2013
2011	300	Dec 31, 2012
2010	300	Dec 31, 2011
2009	277	317 (Target Exceeded)
2008	273	333 (Target Exceeded)
2007	264	312 (Target Exceeded)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Native American Nutrition and Supportive Services provide grants to eligible tribal organizations to promote the delivery of home and community-based supportive services and nutrition services. The performance measurement strategy for this program aligns with the broader performance measurement strategy for Health and Independence services.

Performance measures for Native American Nutrition and Supportive Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

For FY 2010, there is one efficiency indicator that directly relates to Native American Nutrition and Supportive Services:

> **Indicator 1.3:** For Title VI Services (nutrition, supportive services, caregiver services and other activities), increase the number of services provided per thousand dollars of OAA funding.

Performance Results

In FY 2009, as in the prior five years, AoA achieved its efficiency performance target; the Title VI grantees provided 317 units of service per thousand dollars of OAA funding, exceeding the performance target of 277.

When the performance target for FY 2009 was established, it was thought to be ambitious. Improved program efficiency was to be achieved through best practices. It was anticipated that program innovations would enhance operations throughout the Aging Services Network by establishing replicable information and access improvement strategies such as "single-entry points."

However, the unanticipated occurred. After the enactment of the Medicare Prescription Drug Benefit, CMS sought the assistance of AoA and the Aging Services Network in providing information and assistance on this new benefit to Medicare recipients and their family members. As a result, the Aging Services Network experienced an influx of new service recipients as more people became aware of service options.

Performance has consistently trended upward and performance targets (calculated as percentage increases over the FY 2002 baseline) have been consistently achieved over the past 5 years. Moreover, performance for FY 2006-FY 2008 showed substantial increases. Title VI grantees have shown impressive capacity to leverage additional funding to meet the increasing demand for services.

Performance Targets (Efficiency)

Due to the continued impact of the economic downturn, performance is expected to decline slightly to approximately 300 units of service provided per thousand dollars of OAA funding in 2012. This is similar to the decline between FY 2008 and FY 2009 and this trend is expected to continue for the next few years.

Aging Network Support Activities

Aging Network Support Activities provide ongoing support for the National Aging Services Network and AoA's core service delivery programs. Specifically, the support activities contribute to enhanced performance measurement for home and community-based services.

II. Caregiver Services

Family Caregiver Support Services

Table 6. Family Caregiver Support Services

Measure 1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of OAA funding. (Outcome)

FY	Target	Result
2012	8,650	Sep 30, 2013
2011	8,350	Sep 30, 2012
2010	7,742	Sep 30, 2011
2009	8,422	8,544 (Target Exceeded)
2008	8,300	8,301 (Target Met)
2007	7,110	8,346 (Target Exceeded)

Measure 2.6: Reduce the percent of caregivers who report difficulty in getting services. (Outcome)

FY	Target	Result
2012	30%	May 31, 2014
2011	30%	May 31, 2013
2010	30%	May 31, 2012
2009	35%	30% (Target Exceeded)
2008	35%	32% (Target Exceeded)
2007	35%	32.1% (Target Exceeded)

Measure 2.9c: 90% of NFCSP clients rate services good to excellent. (Outcome)

FY	Target	Result
2012	90%	May 31, 2014
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	95.3% (Target Exceeded)
2008	90%	95.4% (Target Exceeded)
2007	New in FY 2008	93.8% (Target Not In Place)

Measure 2.10: Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement. (Outcome)

FY	Target	Result
2012	61	May 31, 2014
2011	61	May 31, 2013
2010	61	May 31, 2012
2009	56	61 (Target Exceeded)
2008	54.5	60.6 (Target Exceeded)
2007	New in FY 2008	60.17 (Target Not In Place)

Measure 3.1: Increase the number of caregivers served. (Outcome)

FY	Target	Result
2012	919,000	Sep 30, 2013
2011	790,000	Sep 30, 2012
2010	560,000	Sep 30, 2011
2009	731,545	855,000 (Target Exceeded)
2008	762,000	675,243 (Target Not Met)
2007	1,000,000	731,545 (Target Not Met but Improved)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measures for Caregiver Services are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 1: Improve Program Efficiency

Indicator 1.1 includes persons receiving caregiver services. A detailed discussion of this indicator's performance can be found on pages 9-10.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

For FY 2012, the following indicators relate directly to Caregiver Services.

> **Indicator 2.6:** Reduce the percentage of caregivers reporting difficulty getting services.
>
> **Indicator 2.9c:** 90% of Family Caregiver Support clients rate services good to excellent.
>
> **Indicator 2.10:** Improve well-being and prolong independence for elderly individuals by increasing the index of Older Americans Act clients served who are at high-risk of nursing home placement.

Indicator 2.10 is a composite index of nursing home predictors which cuts across all services. A detailed description of this indicator can be found under the Health and Independence section on pages 10-12.

Indicators 2.6 and 2.9c are discussed below.

Performance Results (Outcomes)

FY 2009 performance data show that the performance target was achieved for the following quality indicators:

> **Indicator 2.9c:** 90% of NFCSP clients rate services good to excellent.

This quality indicator for FY 2009 showed performance of 95.3% of caregivers rating services good to excellent. AoA anticipates that performance for this indicator will remain above 90% for subsequent years.

While it is important to maintain high levels of service quality and to improve program efficiency and targeting, improving program outcomes is of paramount importance.

> **Indicator 2.6**: Reduce the percent of caregivers who report difficulty getting services.

In FY 2003 the baseline of 64% was established. Ambitious performance targets of seven percentage point annual decreases were established at that time. The target for FY 2009 was 35%. Performance in FY 2009 was 30% exceeding the target and showing a downward trend from the FY 2003 level. The successful maturation of the caregiver program and initiatives to improve access to service are responsible for this improvement.

Performance Targets (Outcomes)

Performance targets for Indicator 2.6 are 30% for FY 2011 and FY 2012. With stresses on State and local budgets it is likely that some individuals will have to wait longer or may be denied services because of funding constraints. This target will be re-evaluated once the economy has improved.

Performance targets for Indicator 2.9c will remain at 90% for FY 2011 and FY 2012. Ninety percent is roughly the threshold for detecting statistically significant differences in this consumer-reported quality indicator.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

There is one targeting indicator for Caregiver Services.

Indicator 3.1: Increase the number of caregivers served.

Performance Results (Targeting)

The FY 2009 performance target of 731,545 was exceeded. In FY 2009, 855,000 caregivers received services.

Performance targets for FY 2008 and beyond were established using the marginal cost approach plus more realistic performance expectations consistent with current funding levels. Increasing the number of caregivers served is a critical component of AoA's efforts to prolong the ability of vulnerable elderly persons to live in their homes. Over 80% of caregivers receiving services report that the services have "helped them provide care longer" and over 43% of caregivers report that without services their care recipients would be unable to maintain their current living arrangements. Unfortunately, the caregiver program which frequently relies on in-home services was affected by the economic stress at the state and local level, so we project that there will be a decline in caregivers served in FY 2010, with some rebounding expected by FY 2012 as a result of proposed budget increases.

Performance Targets (Targeting)

The performance target for Indicator 3.1 is 919,000 for FY 2012. This is consistent with the FY 2012 budget request and expected economic conditions.

Native American Caregiver Support Services

Table 7. Native American Caregiver Support Services

Measure 2.6: Reduce the percent of caregivers who report difficulty in getting services. (Outcome)

FY	Target	Result
2012	30%	May 31, 2014
2011	30%	May 31, 2013
2010	30%	May 31, 2012
2009	35%	30% (Target Exceeded)
2008	35%	32% (Target Exceeded)
2007	35%	32.1% (Target Exceeded)

Measure 2.9c: 90% of NFCSP clients rate services good to excellent. (Outcome)

FY	Target	Result
2012	90%	May 31, 2014
2011	90%	May 31, 2013
2010	90%	May 31, 2012
2009	90%	95.3% (Target Exceeded)
2008	90%	95.4% (Target Exceeded)
2007	New in FY 2008	93.8% (Target Not In Place)

Measure 3.1: Increase the number of caregivers served. (Outcome)

FY	Target	Result
2012	919,000	Sep 30, 2013
2011	790,000	Sep 30, 2012
2010	560,000	Sep 30, 2011
2009	731,545	855,000 (Target Exceeded)
2008	762,000	675,243 (Target Not Met)
2007	1,000,000	731,545 (Target Not Met but Improved)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The Native American Caregiver Support Services program provides grants to eligible tribal organizations to promote the delivery of services that assist Native American family and informal caregivers. The performance measurement strategy for this program aligns with the performance measurement strategy for Family Caregiver Support Services program.

Performance measures for the Native American caregivers are focused on *1) Improving Program Efficiency; 2) Improving Client Outcomes and Maintaining High Levels of Service Quality; and 3) Effectively Targeting Services to Vulnerable Populations.*

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

Outcome and Service Quality information is obtained specifically for the Title VI program through comprehensive, multileveled program evaluations. The evaluation conducted by Mathematica Policy Research Inc. (1993-1995) found that the service quality results reported by the Native American Service recipients are comparable to the service quality reported by Title III nutrition participants. While there are no on-going data sources specifically for Title VI outcomes and service quality, Native Americans participate in the National Surveys conducted for Title III services and the following outcome indicators are considered annual proxies for Native American indicators.

Caregiver Difficulty Reduction: Decrease the percentage of caregivers reporting difficulties in dealing with agencies to obtain services (Indicator 2.6).

Caregiver Quality Assessment: 90% of caregivers rate National Family Caregiver Support Program services good to excellent (Indicator 2.9c).

A detailed discussion of these indicators can be found under the Family Caregiver Support Services section on pages 29-30.

Performance Measure 3: Effectively Target Services to Vulnerable Elders

Indicator 3.1: Increase the Number of Caregivers Served: As part of the caregiver program implementation it is essential that the National Aging Services Network reach out to caregivers. FY 2009 data indicate that 855,000 caregivers received services, including 26,500 Native American caregivers.

A detailed discussion of this indicator's performance can be found under the Family Caregiver Support Services section on page 30.

Alzheimer's Disease Supportive Services Program

Table 8. Alzheimer's Disease Supportive Services Program

Measure ALZ.1: Percent of ADSSP grant funds dedicated to implementing evidence-based programs. (Outcome)

FY	Target	Result
2012	60%	Dec 31, 2013
2011	60%	Dec 31, 2012
2010	New in FY 2011	Dec 31,2011
2009		64% (Target Not In Place)
2008		59% (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

AoA is promoting evidence-based systems to assist caregivers serving people with Alzheimer's disease, and grantees have a variety of systems to implement. This measure will enable AoA to track the transition to the new ways of doing business which are expected to improve client outcomes.

Performance Measure Output ALZ.1: Percentage of Funds Used for Evidence-based Programs

> **Indicator ALZ.1:** Percent of ADSSP grant funds dedicated to implementing evidence-based programs.

Performance Results

This is a new indicator with no prior performance target. Baseline results indicate that 59% of funds are currently used in evidence-based programs.

Performance Targets (Outcomes)

The FY 2012 target is 60% of funds which represents growth toward the goal of greater application of evidence-based programs as more evidence-based options become available. Since this is a competitive discretionary grant program, grantees change periodically and the proportion of grantees that are evidence-based could fluctuate.

Lifespan Respite Care

Table 9. Lifespan Respite Care

Output AE: Increase the number of caregivers served as a result of Lifespan Respite Care. (Developmental)

FY	Target	Result
2012	New in FY 2013	
2011		Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The intent of the Lifespan Respite Care program is to expand and enhance respite care services to family members, improve coordination of respite care, and reduce family caregiver strain. Grantees are provided broad discretion for implementation strategies, while this indicator can be used to measure the impact from disparate approaches.

Performance Measure Output AE: Increase the number of caregivers served with Respite Care.

> **Indicator Output AE:** Increase the number of caregivers served as a result of Lifespan Respite Care.

Performance Results

This is a developmental indicator and preliminary results are expected to be available late in FY 2011. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

III. Protection of Vulnerable Adults

Adult Protective Services State Demonstrations

There is currently no consistent, national data set for reporting. Adult Protective Services State Demonstrations will help identify best practices in reporting on these activities. An evaluation of the demonstration projects will be designed to develop and test appropriate methods of addressing elder abuse, neglect and exploitation.

Long-Term Care Ombudsman Program

Table 10. Long-Term Care Ombudsman Program

Measure 1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Retire	
2009	11,346	8,227 (Target Not Met)
2008	11,439	10,089 (Target Not Met)
2007	11,811	10,801 (Target Not Met but Improved)

Measure 2.7: Improve the Ombudsman complaint resolution rates. (Outcome)

FY	Target	Result
2010	Retire	
2009	32	23 (Target Not Met)
2008	30	24 (Target Not Met)
2007	15	35 (Target Exceeded)

Measure 2.12: Decrease the number of complaints per LTC facility. (Outcome)

FY	Target	Result
2012	3.2	Sep 30, 2013
2011	3.9	Sep 30, 2012
2010	4.06	Sep 30, 2011
2009	New in FY 2010	3.4 (Target Not in Place)
2008		4.06 (Target Not In Place)
2007		4.28 (Target Not In Place)

Measure 2.13: Decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes. (Outcome)

FY	Target	Result
2012	18.5%	Sep 30, 2012
2011	19.5%	Sep 30, 2012
2010	20%	Sep 30, 2011
2009	New in FY 2010	20.44% (Target Not In Place)
2008		20.18% (Target Not In Place)
2007		21.63% (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

Performance measurement for the Long-Term Care Ombudsman Program focuses on 1) Improving Client Outcomes and 2) Maintaining High Levels of Service Quality. These programs, which focus on the prevention of elder abuse and neglect in institutional settings, are targeted to the most vulnerable elder Americans.

Changes in Measures

The two FY 2009 performance measures, Indicator 1.2 and Indicator 2.7 have been replaced because they do not capture the current program focus. In recent years, the Ombudsman program has been employing a more proactive approach to head off problems and lessen the need for complaints. An increased emphasis has been placed on training, consultations and regular (quarterly) facility visits.

This approach is yielding positive results. The average number of complaints per facility is declining and while the total number of complaints declines, complaints for abuse and neglect in nursing homes are declining at a faster rate.

To capture this change in program emphasis, AoA introduced two new performance measures.

> **Indicator 2.12:** Decrease the average number of complaints per Long-Term Care facility.
>
> **Indicator 2.13:** Decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes.

It is important to note that complaint resolution will always be of paramount importance. However, over the past several years, complaints have been resolved or partially resolved at a rate of, on average, 77%. The percentage of complaints not resolved in a satisfactory manner ranges from 5.66% to 6.72% over 6 years with roughly 3% withdrawn, 8% determined no action needed and 5% referred to other agencies. AoA will continue to monitor the complaint resolution rate to assure it remains at the current high level of performance.

Performance Measure 1: Improve Program Efficiency

For FY 2010 and beyond, the efficiency measure has been replaced by an additional outcome measure.

Performance Results (Efficiency)

The FY 2009 performance target was not achieved for this indicator. The FY 2009 target was 11,346 complaints resolved or partially resolved per million dollars of OAA funding. Actual 2009 performance was 8,227. Several States that reported declines in complaints and resolutions had layoffs and staff furloughs reducing efficiency and productivity. In addition, total expenditures and grants from State and local funders declined affecting local ombudsman productivity as well. As noted above, current program efforts are focused on minimizing complaints by increased facility visitation and consultations. This measure does not reflect the current program focus and has been discontinued.

Performance Measure 2: Improve Client Outcomes and Maintain a High Level of Service Quality

The FY 2009 measure for the Ombudsman program assesses the efforts of States to improve the successful resolution of complaints by residents of nursing homes and other institutions.

Indicator 2.7: Improve Ombudsman complaint resolution rates.

This measure is subject to much State by State fluctuation and, while complaint resolution is of paramount importance, some States are solving complaints at such a high rate, improvement for them is unrealistic. This indicator, along with Indicator 1.2 is being discontinued. See above for discussion of new indicators.

Performance Results (Outcomes)

The FY 2009 performance target of 32 was not met. FY 2009 data indicates that the Ombudsman complaint resolution rates improved in 23 States. While the total number of complaints is declining, some States are improving their resolution rates even as the focus shifts to prevention. However, establishing annual targets is unrealistic given that improvement rates vary from year to year. Further, this measure is inconsistent with the current focus on prevention.

Performance Targets (Outcomes)

For new Indicator 2.12, decrease the number of complaints per LTC facility, the FY 2012 target is 3.2.

For new Indicator 2.13, decrease the percentage of complaints for Abuse, Gross Neglect and Exploitation in nursing homes and the FY 2012 target is 18.5%.

AoA has chosen ambitious targets for 2012 due to the request for increased Federal funding in FY 2012.

Performance Measure 3: Effective Targeting to Vulnerable Elders

Since the Ombudsman Program is already targeted to a vulnerable population and serves a prevention purpose, a formal targeting measure is not applicable. However, the frequency of visits to facilities by Ombudsmen is an effective indicator and was discussed by the Institute of Medicine (IOM) as a measure of program effectiveness in the 1995 evaluation of the program.

In FY 2009, 80% of the 16,653 nursing facilities nationwide received at least quarterly visits not in relation to a complaint from the Ombudsman Program.

Prevention of Elder Abuse and Neglect

Table 11. Prevention of Elder Abuse and Neglect

Output U: Elder Abuse prevention non-OAA service expenditures ($ in thousands).

FY	Target	Result
2012	$20,000	Sep 30, 2013
2011	New in FY 2012	Sep 30, 2012
2010	New in FY 2012	Sep 30, 2011
2009		$19,365

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The prevention of Elder Abuse and Neglect program provides State formula grants for training and education, promoting public awareness of elder abuse, and supports State and local elder abuse prevention coalitions and multi-disciplinary teams. With the expanded focus on Elder Justice, this funding stream which has operated for several years will become an important component of AoA's Elder Justice activities. Information, training, and technical assistance for this program are provided through the Elder Rights Support Activities.

Performance Measure: Indicator Output U: Increase the elder abuse prevention non-OAA expenditures ($ thousands).

Performance Results

This is a new indicator for 2012.

Performance Targets

In FY 2009 $19,365,000 of funds from state and local entities were reported to enhance the approximately $5 million of OAA funds. The FY 2012 target is $20,000,000, which is highly ambitious given the current fiscal constraints faced by State and local governments.

Elder Rights Support Activities

Elder Rights Support Activities provide on-going support for the National Aging Services Network and AoA's core programs protecting vulnerable adults. The support activities contribute to enhanced performance across the Protection of Vulnerable Adults programs.

Senior Medicare Patrol Program

Table 12. Senior Medicare Patrol

Measure 1.4: For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	41,230	26,600 (Target Not Met)
2008	49,600	36,479 (Target Not Met)
2007	48,980	39,216 (Target Not Met)

Measure 1.5: SMP projects will increase the total dollar amount referred for further action. (Outcome)

FY	Target	Result
2012	$5,000,000	Sep 30, 2012
2011	$4,000,000	Sep 30, 2012
2010	$2,500,000	Sep 30, 2011
2009	New in FY 2010	$3,762,448
2008		$2,345,299 (Target Not In Place)

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

This program serves an important role in the Department's efforts to prevent or identity healthcare fraud in the Medicare and Medicaid programs. The SMP program has documented nearly $106 million in savings to Medicare, Medicaid, program beneficiaries, and others since its inception in 1997, excluding any deterrent effect. During that same period, the program has educated over 2.8 million beneficiaries through the work of 19,467 volunteers who contributed a combined 543,805 hours of their time to preventing, detecting and reporting suspected incidents of fraud and educating and training community members about fraud prevention. The efficiency measure noted below is a direct measure of potential fraudulent or inaccurate claims identified by SMP program participants.

Performance Measure 1: Improve Program Efficiency

For FY 2012, there is one efficiency indicator for the Senior Medicare Patrol Program.

Indicator 1.5: SMP projects will increase the total dollar amount referred for further action.

This indicator, replacing Indicator 1.4, is new in FY 2010.

Performance Results (Efficiency)

The FY 2009 performance target for Indicator 1.4 was not achieved. In FY 2009, Senior Medicare Patrols reported training 26,600 beneficiaries per million dollars of funding.

A new reporting system was implemented in FY 2007 and since that time the number of seniors trained has declined substantially. In FY 2010, AoA is starting a performance evaluation of the SMP to better understand current program performance and identify more suitable performance measures.

Performance Targets (Efficiency)

Indicator 1.4 has been replaced by Indicator 1.5. The total number of beneficiaries trained will fluctuate from year to year (1.4) and is subject to economic downturns and other program initiatives. Indicator 1.5 which measures the dollar amount, referred for further action, should show steady increase as the program continuing to successfully mature.

The performance target for FY 2012 is $5 million.

IV. Consumer Information, Access & Outreach

Aging and Disability Resource Centers

Table 13. Aging and Disability Resource Centers

LTC.2: Percent of individuals who indicate ADRC information and counseling contribute to informed decision making. (Developmental)

FY	Target	Result
2012	New in FY 2013	Baseline

Note: For presentation which ties to the budget AoA highlighted specific measures that are most directly related, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome measures will be reviewed going forward to ensure continued effective measurement of program performance.

Performance Narrative

The performance measurement for Aging and Disability Resource Centers (ADRCs) focuses on the key intent of this program which is to aid individuals in making informed decisions about alternatives to institutional care, and enabling individuals with disabilities to remain in the community. ADRCs will be a key component in transforming States' long-term care supports and services programs.

Performance Measure LTC.2: Informed decision making through ADRC

> **Indicator LTC.2:** Percent of individuals who indicate ADRC information and counseling contribute to informed decision making.

Performance Results

This is a developmental indicator and results are expected to be available in late 2012. The baseline will be used to identify targets for 2013 and beyond.

Performance Targets (Outcomes)

Targets will be set for 2013 and subsequent years once baseline data is available.

State Health Insurance Assistance Program

In grant year 2006, the total number of clients reached by SHIPs was 3.4 million. In grant year 2007, the number was 4.2 million. In grant year 2008, the number was 5.2 million. As part of the proposed reassignment to AoA, further performance measures on the SHIPs program will be established and reported in future submissions.

Community Living Assistance Services and Supports

Table 14. Community Living Assistance Services and Supports

CL.1: Increase the number of individuals enrolled in CLASS to 7.7 million by 2015. (Output)

FY	Target	Result
2012		Baseline

Performance Narrative

The Community Living Assistance Services and Supports (CLASS) is a self-funded, voluntary insurance program. Participants pay a premium and those who meet benefit eligibility requirements can receive a cash benefit to purchase long-term services and supports. Based on estimates from the Congressional Budget Office, an expected 7.7 million individuals will sign up by 2015.

NOTE: This output projection is derived from the Congressional Budget Office's estimates prior to the passage of the Affordable Care Act. It is subject to change based on the actuarial projections that accompany the benefit plan designed by the Secretary.

Performance Measure Output CL.1:

> **Indicator Output CL.1:** Increase the number of individuals enrolled in CLASS to 7.7 million by 2015.

Performance Results

This is a new indicator.

Performance Targets (Outcomes)

The FY 2012 data will serve as a baseline for future targets.

Program Innovations

The knowledge generated through Program Innovations grants helps to ensure that AoA's core programs maintain and improve performance. Program Innovations support program performance for AoA's core Health and Independence, Caregiver Services, and Protection of Vulnerable Adults programs. Program Innovation demonstration projects contribute to successful core program performance. New demonstrations being tested in this venue in FY 2012 will have accompanying performance measures or evaluation plans to ensure that the efficacy of these demonstrations can be assessed.

Agency Support for HHS Strategic Plan

All five of AoA's strategic goals holistically support the HHS Strategic Plan goals.

HHS Goal 1, *Transform Health Care*, is supported by all five of AoA's strategic goals. One key example of AoA's support in this area is its joint collaboration with the Centers for Medicare & Medicaid Services (CMS) to inform older Americans about available Federal and State benefits available under Medicare and Medicaid, including the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Part D, and assistance to individuals in applying for benefits through state and local networks. Another example of AoA's strong role in supporting the transformation of health care within the nation is the use of AoA's Aging and Disability Resource Center and Home and Community-Based Services programs to promote the creation and integration of highly visible and trusted one-stop shops in every community where people with disabilities of all ages and incomes can turn for information on the full range of long-term support options; options counseling to assess and understand their needs, assistance in making informed decisions about appropriate long-term service and support choices; streamlined access to public long-term care programs and benefits; and assistance with person-centered care transitions to ensure they end up in the settings that best meet their individual needs and preferences and avoid unnecessary institutionalization.

HHS Goal 2, *Advance Scientific Knowledge and Innovation*, is supported by three of AoA's strategic goals. In particular, through the evaluation, analysis and performance measurement and ongoing implementation of the Home and Community Based Supportive Services, Nutrition Services, Preventive Health Services, Family Caregiver Support Services and Program Innovations programs, AoA strengthens HHS's capacity and ability to foster innovation and shared solutions (HHS Objective 2.B), as well as increase the nation's understanding of what works in human service and public health practice by developing evidence-based programs in prevention and Alzheimer's care through the translation of science into practice (HHS Objective 2.D.).

HHS Goal 3, *Advance the Health, Safety and Well-Being of the American People*, is supported by all five of AoA's strategic goals. On average more than ninety-five percent of AoA's annual program budget is dedicated to home and community-based services that help older adults and individuals with disabilities maintain their independence and dignity, preserve their health, prevent their abuse and neglect, and avoid unnecessary institutionalization and remain in their own homes and communities with a high quality of life for as long as possible. Through these efforts AoA assists HHS in promoting the economic and social well-being of individuals, families and communities (HHS Objective 3.B), improving the accessibility and quality of supportive services for people with disabilities and older adults (HHS Objective 3.C), promoting prevention and wellness (HHS Objective 3.D), and protecting and empowering American's health and safety during and following emergencies (HHS Objective 3.F). Support for Aging and Disability Resource Centers demonstrate AoA's commitment to improving access to services for all Americans (HHS Objective 3.C).

HHS Goal 4, *Increase Efficiency, Transparency, and Accountability of HHS Programs*, is supported by three of AoA's strategic goals. AoA is improving performance by focusing on

program integrity, responsible stewardship of resources, and using data to improve the department's performance and sustainability across all programs (HHS Objectives, 4.A, 4.C, 4.D); and by fighting fraud and eliminating improper payments in the Medicare and Medicaid programs through the Senior Medicare Patrol (SMP) program (HHS Objective 4.B). Through the SMP program seniors receive increased awareness and understanding of healthcare programs to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse, as well as help to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control and consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the HHS Office of Inspector General (OIG) and CMS.

HHS Goal 5, *Strengthen the Nation's Health and Human Service Infrastructure and Workforce*, is supported by four of AoA's strategic goals. While the AoA does not have a specific workforce program that directly supports this goal, AoA does indirectly support the investment and strengthening of the nation's health and human services workforce through the implementation and ongoing development of its programs. In particular AoA seeks to strengthen the human services and health workforce to provide person-centered, consumer directed care in all health and long-term care settings, as well as strengthen the capacity and increase the quality and supply of informal caregivers to assist older adults and individuals with disabilities to remain in the community.

The table below shows the alignment of AoA's strategic goals with HHS Strategic Plan goals.

Table 15. Link to HHS Strategic Plan

HHS Strategic Goals	**AoA Goal 1:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options	**AoA Goal 2:** Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation	**AoA Goal 5:** Maintain effective and responsive management
1 Transform Health Care Transform Health Care					
1.A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured	X				

HHS Strategic Goals	**AoA Goal 1:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options	**AoA Goal 2:** Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation	**AoA Goal 5:** Maintain effective and responsive management
1.B Improve health care quality and patient safety		X		X	
1.C Emphasize primary and preventive care linked with community prevention services		X	X		
1.D Reduce the growth of health care costs while promoting high-value, effective care	X	X	X	X	X
1.E Ensure access to quality, culturally competent care for vulnerable populations	X	X	X	X	X
1.F Promote the adoption of health information technology					
2 Advance Scientific Knowledge and Innovation Advance Scientific Knowledge and Innovation					
2.A Accelerate the process of scientific discovery to improve patient care					
2.B Foster innovation at HHS to create shared solutions	X	X	X		
2.C Invest in the regulatory sciences to improve food and medical product safety					
2.D Increase our understanding of what works in public health and human service practice	X	X	X		
3 Advance the Health, Safety and Well-Being of the American People Advance the Health, Safety and Well-Being of the American People					
3.A Ensure the safety, well-being, and healthy development of children and youth					
3.B Promote economic and social well-being for individuals, families and communities	X	X	X	X	

HHS Strategic Goals	**AoA Goal 1:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options	**AoA Goal 2:** Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation	**AoA Goal 5:** Maintain effective and responsive management
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	X	X	X	X	
3.D Promote prevention and wellness		X	X		
3.E Reduce the occurrence of infectious diseases					
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies		X			X
4 Increase Efficiency, Transparency, and Accountability of HHS Programs Increase Efficiency, Transparency, and Accountability of HHS Programs					
4.A Ensure program integrity and responsible stewardship of resources	X			X	X
4.B Fight fraud and work to eliminate improper payments	X			X	
4.C Use HHS data to improve the health and well-being of the American people				X	X
4.D Improve HHS environmental, energy, and economic performance to promote sustainability				X	X
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce Strengthen the Nation's Health and Human Service Infrastructure and Workforce					
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow	X	X	X		X

HHS Strategic Goals	**AoA Goal 1:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options	**AoA Goal 2:** Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers	**AoA Goal 3:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare	**AoA Goal 4:** Ensure the rights of older people and prevent their abuse, neglect and exploitation	**AoA Goal 5:** Maintain effective and responsive management
5.B Ensure that the Nation's health care workforce can meet increased demands			X		
5.C Enhance the ability of the public health workforce to improve public health at home and abroad					
5.D Strengthen the Nation's human services workforce	X	X	X		X
5.E Improve national, state, and local surveillance and epidemiology capacity					

Summary of Full Cost

Table 16. Summary of Full Cost

Summary of Full Cost
(Budgetary Resources in Millions)
Administration on Aging

HHS Strategic Goals & Objectives FY 2010 to 2015	FY 2010	FY 2011	FY 2012
1 Transform Health Care	85.158	55.160	54.908
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured	76.960	46.960	46.960
1.B Improve health care quality and patient safety	8.198	8.200	7.948
1.C Emphasize primary and preventive care linked with community prevention services	-	-	-
1.D Reduce the growth of health care costs while promoting high-value, effective care	-	-	-
1.E Ensure access to quality, culturally competent care for vulnerable populations	-	-	-
1.F Promote the adoption of health information technology	-	-	-
2 Advance Scientific Knowledge and Innovation	-	-	-
2.A Accelerate the process of scientific discovery to improve patient care			-
2.B Foster innovation at HHS to create shared solutions	-	-	-
2.C Invest in the regulatory sciences to improve food and medical product safety	-	-	-
2.D Increase our understanding of what works in public health and human service practice	-	-	-
3 Advance the Health, Safety and Well-Being of the American People	2,313.885	2,314.104	2,159.055
3.A Ensure the safety, well-being, and healthy development of children and youth	-	-	-
3.B Promote economic and social well-being for individuals, families and communities	2,068.239	2,068.428	1,779.659
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults	224.620	224.650	348.370
3.D Promote prevention and wellness	21.026	21.026	31.026
3.E Reduce the occurrence of infectious diseases	-	-	-
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	-	-	-

HHS Strategic Goals & Objectives FY 2010 to 2015	FY 2010	FY 2011	FY 2012
4 Increase Efficiency, Transparency, and Accountability of HHS Programs	33.203	32.730	37.293
4.A Ensure program integrity and responsible stewardship of resources	19.976	19.979	24.543
4.B Fight fraud and work to eliminate improper payments	13.227	12.751	12.750
4.C Use HHS data to improve the health and well-being of the American people	-	-	-
4.D Improve HHS environmental, energy, and economic performance to promote sustainability	-	-	-
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce	-	-	-
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow	-	-	-
5.B Ensure that the Nation's health care workforce can meet increased demands	-	-	-
5.C Enhance the ability of the public health workforce to improve public health at home and abroad	-	-	-
5.D Strengthen the Nation's human services workforce	-	-	-
5.E Improve national, state, and local surveillance and epidemiology capacity	-	-	-
Total	2,432.246	2,401.994	2,251.256

Summary of Findings and Recommendations from Completed Program Evaluations

AoA's program evaluation activities are complementary to AoA's performance measurement strategy. Just as with measures of program performance, evaluations are designed to gather information on targeting, efficiency and client outcomes as well as other program specific topics of interest. In contrast to performance measures that are collected annually, program evaluation is periodic and gathers a greater range of data and far more detail at all levels of the Aging Network (States, Tribes, Area Agencies on Aging, local service providers and consumers) than is feasible for performance measurement. Program evaluations also use methods such as comparison groups, longitudinal data collection and experimental design to ensure sufficient rigor and enable outcomes to be attributed to the program under study.

Multiple evaluation activities are currently underway. The evaluation of the Title III-E National Family Caregiver Support program will be the first for this program. It is designed as a longitudinal study with a comparison group so that the effects of the program's five service categories can be measured over time. Evaluation of the Title III-C Elderly Nutrition Services program utilizes a complex design that includes three major components and several subcomponents. The major components of this evaluation include a process study that surveys each level of the Aging Network on a large array of topics; a costs study that measures the actual cost of providing a meal by cost category (e.g. labor, food, overhead); and an individual outcome study. The individual outcomes study will measure the program's success at meeting the legislative intent of the program (reduce hunger and social isolation while improve health and well-being of consumers). In addition, AoA and CMS have reached an Inter-Agency Agreement that will enhance this evaluation by including prospective analysis of healthcare utilization and cost data of program participants compared to a matched group of seniors who do not participate in the program. Further, AoA is working with the Agency for Healthcare Research and Quality and a research firm to finalize a design framework for an evaluation of the AoA funded Chronic Disease Self-Management program utilizing an experimental design. The contract for this evaluation framework is scheduled to be completed by June 2011. Under the Affordable Care Act, section 4202, CMS is evaluating community based interventions for older adults. AoA is a member of the federal work group planning these evaluations. The CDSMP is included in the environmental scan being conducted by the CMS contractor for this evaluation. While no final decisions have been made, it is likely that the final evaluation will include CDSMP. Finally, AoA is implementing an evaluation of the Aging and Disability Resource Centers. A detailed methodology including sampling frame and data collection tools are being finalized. The overarching research questions focus on how well ADRCs are meeting the needs of older adults and people with disabilities as compared with non-ADRC long-term services and support systems. The evaluation will include both a process and an outcome evaluation. The process evaluation includes surveys at the state and local project levels. The outcome evaluation includes multiple study components and will make within state comparisons of ADRC consumer outcomes to AAA and Center for Independent Living (CIL) consumer outcomes. Matching ADRC and non-ADRC communities within states will control for variation in state policies, availability of support services, community factors and population characteristics. AoA is engaging the disability community, as their participation in the evaluation is essential. Federal partners include, the Department of Health and Human Services' Office on Disability, Centers

for Medicaid and Medicare Services and National Institute on Disability and Rehabilitation Research as well as the Department of Education's Rehabilitation Services Administration.

In recognition of the Administration's guidance on transparency and accountability AoA has taken several steps to improve the analysis and availability of performance information while also enhancing the rigor of program evaluations that are currently in development. For example, in the Brief released July 2010 "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter a Nursing Home" AoA used two nationally recognized, peer reviewed comprehensive studies that identify predictors of nursing home placement. The responses from the 2009 National Survey of a random sample of Older Americans Act service recipients were analyzed to determine the frequency of having these key predictors. These key predictors were also analyzed for the 60 and older US population using the Health Retirement survey respondents as a comparison group. The results showed that AoA is effectively reaching those most at risk of institutionalization and that Title III plays an important role in helping elderly adults remain in the community. The results of this brief are posted on the AoA website at http://www.aoa.gov/AoARoot/Program_Results/docs/AoA-issue1_Nursing%20Homes.pdf.

Further analysis of these data sets in combination with emerging research and other national data sets are planned until the results of the performance of the nutrition and caregiver evaluations are available.

Data Source and Validation Table

Table 17. Data Source and Validation Table

Agency Macro Program: Health and Independence

Measure	Data Source	Data Validation
1.1 3.3 3.4	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by States. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Home and Community-Based Supportive Services

Measure	Data Source	Data Validation
1.1 2.11	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.

Measure	Data Source	Data Validation
2.9b	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by States. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Nutrition Services

Measure	Data Source	Data Validation
1.1 3.2	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.

Measure	Data Source	Data Validation
2.9a	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by States. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Preventive Health Services

Measure	Data Source	Data Validation
AB	State Program Report data is annually submitted by States.	AoA in FY 2010 received clearance from OMB to obtain additional information about clients who are provided services through preventive health funding. States will start collecting this data October 2010 as a new addition to the State Program Report. The first results from 2012 and 2013 will be used to develop the baseline for future years. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.

Agency Program: Native American Nutrition and Supportive Services

Measure	Data Source	Data Validation
1.3	Title VI Reporting System, Budget amounts as appears in the Congressional Justification	Annual reports submitted by grantees, reviewed by AoA staff who follow-up with questions. Tribal officials certify report is accurate. AoA staff review record keeping system during regular on-site monitoring.

Agency Macro Program: Caregiver Services

Agency Program: Family Caregiver Support Services

Measure	Data Source	Data Validation
1.1 2.6 3.1	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.
2.9c	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Measure	Data Source	Data Validation
2.10	State Program Report and National Survey.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. State Program Report data is annually submitted by States. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data. The National Survey draws a sample of Area Agencies is used to obtain a random sample of clients receiving selected services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.

Agency Program: Native American Caregiver Support Services

Measure	Data Source	Data Validation
2.6 3.1	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.
2.9c	National Survey	AoA's national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, and calling back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. The data is weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.

Agency Program: Alzheimer's Disease Supportive Services Program

Measure	Data Source	Data Validation
ALZ.1	AoA Grants submissions	As part of grantees' request for funds from ADSSP, the grantees report the amount of funds that are used for specific Alzheimer's activities. The percent of ADSSP grant funds dedicated to implementing evidenced-based programs is calculated from the grantees' submissions.

Agency Program: Lifespan Respite Care

Measure	Data Source	Data Validation
AE	TBD	Lifespan Respite grantees have been meeting to discuss and identify the data collection mechanism for this measure. We expect to complete this activity in FY 2011.

Agency Macro Program: Protection of Vulnerable Adults

Agency Program: Long-Term Care Ombudsman Program

Measure	Data Source	Data Validation
2.12 2.13	National Ombudsman Reporting System	State Program Report data is annually submitted by States. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with States to assure validity and accuracy.

Agency Program: Prevention of Elder Abuse and Neglect

Measure	Data Source	Data Validation
U	State Program Report data is annually submitted by States.	The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by AoA and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data.

Agency Program: Senior Medicare Patrol Program

Measure	Data Source	Data Validation
1.5	SMP state program directors submit data semiannually to HHS OIG.	Program data is reviewed by SMP Resource Center for input discrepancies; follow-up as needed to ensure validity and accuracy. OIG reviews SMP performance report submissions, validating documentation of savings reported.

Agency Macro Program: Consumer Information, Access & Outreach

Agency Program: Aging and Disability Resource Centers

Measure	Data Source	Data Validation
LTC.2	Semi-annual reporting tool	AoA in conjunction with its partner has been meeting to discuss and identify the data collection mechanism for this measure.

Agency Macro Program: Community Living Assistance Services and Supports

Measure	Data Source	Data Validation
CL.1	CLASS enrollment software	CLASS enrollment software and auditing processes are currently under development.

National Survey Data

AoA's national survey employs a range of quality assurance procedures to guarantee the validity of data on OAA participants and services. These quality assurance procedures cover all steps in the survey process, from the development of the samples of agencies and service recipients, to the computer-assisted telephone interviewing (CATI) editing that occurs during the survey, and the post-survey weighting of the data to assure that the sample is truly representative of the universe of clients and services.

Senior statisticians have designed a sample of agencies and service recipients that ensure an accurate representation of OAA programs, and the project staff focus their attention on achieving a high response rate, which maximizes the survey's precision. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact and interview as many service participants as possible, calling back at times that are convenient for respondents.

After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in the data files. Also, the statisticians weight the data during three important post-survey steps to ensure accuracy. First, the sample of agencies and clients is weighted using the inverse of the probability of selection. Second, there is an adjustment for any non-response patterns and bias that might otherwise occur. Third, the data are post-stratified to known control totals to ensure consistency with official administrative records.

Discontinued Performance Measures Table

Table 18. Discontinued Measures

Agency Macro Program: Protection of Vulnerable Adults

Agency Program: Long-Term Care Ombudsman Program

Measure 1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	11,346	8,227 (Target Not Met)
2008	11,439	10,089 (Target Not Met)
2007	11,811	10,801 (Target Not Met but Improved)

Measure 2.7: Improve the Ombudsman complaint resolution rates. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	32	23 (Target Not Met)
2008	30	24 (Target Not Met)
2007	15	35 (Target Exceeded)

Measure	Data Source	Data Validation
1.2 2.7	National Ombudsman Reporting System	State Program Report data is annually submitted by States. Multi-year comparison reports are reviewed by AoA. AoA staff follow-up with States to assure validity and accuracy.

Agency Program: Senior Medicare Patrol Program

Measure 1.4: For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. (Outcome)

FY	Target	Result
2010	Discontinued	
2009	41,230	26,600 (Target Not Met)
2008	49,600	36,479 (Target Not Met)
2007	48,980	39,216 (Target Not Met)

Measure	Data Source	Data Validation
1.4	SMP state program directors submit data semiannually to HHS OIG.	Program data is reviewed by SMP Resource Center for input discrepancies; follow-up as needed to ensure validity and accuracy. OIG reviews SMP performance report submissions, validating documentation of savings reported.